

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14887

FILED JUN 13 1955

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 4078		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir.					
b. CITY (If outside corporate limits, write RURAL, and give township) Delta Mo.		c. LENGTH OF STAY (in this place) 35 yr		c. CITY OR TOWN Delta Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Drown, Delta Mo.				STREET ADDRESS (If rural, give location) No address 0160					
3. NAME OF DECEASED (Type or Print) William Henry Ratledge			a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 1, 1955				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 10 1888			
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pumper		11. BIRTHPLACE (City and State or Foreign Country) Allenville Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Henry Ratledge			13b. MOTHER'S MAIDEN NAME Ida Belle Shultz		14. NAME OF HUSBAND OR WIFE Lydia Ratledge Delta Mo.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lydia Ratledge Delta Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 9298 DUE TO (c) 42 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Suicide Homicide Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Thum his Slough		21c. (CITY, TOWN, OR TOWNSHIP) Delta		21d. (COUNTY) Cape 0160 Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 4 - '55 1:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell in Thum his Slough					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. G. Sigmond, Coroner &				23b. ADDRESS Jackson, Mo		23c. DATE SIGNED 6-4-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 6 1955		24c. NAME OF CEMETERY OR CREMATORY Zion Methodist Cemetery		24d. LOCATION (City, town, or county) (State) Gordonville Mo.			
DATE REC'D BY LOCAL REG. 6/8/55		REGISTRAR'S SIGNATURE J. H. Peabach		25. FUNERAL DIRECTOR'S SIGNATURE P. H. Ester		ADDRESS Cape Gir Mo.			

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 JUL 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 386

P. O. Address Cape Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

• If this body is not embalmed, fact should be so stated above.